

Materials to be Submitted	Check One		
	Enclosed	To Follow	For County Use Only
1. Documentation of eligibility for program approval. 100148(i)			
2. A statement verifying that the course content is equivalent to the U.S. Department of Transportation EMT-P National Standard Curriculum. 100153(b1)			
3. Letter to paramedic training approving authority requesting approval. 100153(a)			
4. Check list for paramedic program approval.			
5. Completed application form for program approval.			
6. Program Medical Director qualification form and job description. 100149(a)			
7. Program Course Director qualification form and job description. 100149(b)			
8. Program Principal Instructor(s) qualification form and job description. 100149(c)			
9. Teaching Assistant(s). 100149(d) Submit names and subjects assigned to each Teaching Assistant and job description.			
10. Field Preceptor(s). Submit names, qualifications and job description. 100149(e)			
11. Hospital Clinical Preceptor(s). Qualifications form and job description. 100149(f)			
12. Copy of written agreements with (one or more) hospital(s) to provide clinical experience. 100151(c)			
13. Provisions for supervised hospital clinical training including student evaluation criteria, and copy of standardized forms for evaluating EMT-P students and monitoring of preceptors by the training program. 100153(b5)			
14. Copy of written agreement with (one or more) paramedic service provider(s) to provide field experience. 100152(b)			

Materials to be Submitted	Check One		
	Enclosed	To Follow	For County Use Only
15. Provisions for supervised field internship including student evaluation criteria and copy of standardized forms for evaluating EMT-P students and monitoring of preceptors by the training program. 100153(b6)			
16. Course curriculum, including: A. Course outline B. Statement of course objectives C. At least 6 sample lesson plans D. Performance objectives for each skill E. At least 10 samples of written questions used in periodic testing F. Final skills exam			
17. Completed course content checklist			
18. Class schedules: Places and dates, estimate if necessary. 100153(b7)			
19. Copy of course completion record. 100161			
20. Copy of liability insurance on students.			
21. Copy of fee schedule.			
22. Description of how program provides adequate facilities, equipment, examination security and student record-keeping. 100152			

COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES

APPLICATION FORM

EMT-P TRAINING PROGRAM

1. Name of Institution/Agency \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Extension \_\_\_\_\_

2. Personnel:

Program Medical Director \_\_\_\_\_

Course Director \_\_\_\_\_

Principal Instructor(s) \_\_\_\_\_

---



---



---



---



---

Teaching Assistants

Name

Subjects Assigned

---



---



---



---

**Name**

### Hospital Affiliation

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Field Preceptors

Name; \_\_\_\_\_ Agency: \_\_\_\_\_

Paramedic License: \_\_\_\_\_ -Date of original licensure: \_\_\_\_\_

Preceptor class Y N (circle one)

---

Name; \_\_\_\_\_ Agency: \_\_\_\_\_

Paramedic License: \_\_\_\_\_ -Date of original licensure: \_\_\_\_\_

Preceptor class Y N (circle one)

---

Name; \_\_\_\_\_ Agency: \_\_\_\_\_

Paramedic License: \_\_\_\_\_ -Date of original licensure: \_\_\_\_\_

Preceptor class Y N (circle one)

---

Name; \_\_\_\_\_ Agency: \_\_\_\_\_

Paramedic License: \_\_\_\_\_ -Date of original licensure: \_\_\_\_\_

Preceptor class Y N (circle one)

---

Name; \_\_\_\_\_ Agency: \_\_\_\_\_

Paramedic License: \_\_\_\_\_ -Date of original licensure: \_\_\_\_\_

Preceptor class Y N (circle one)

---

**3. Course Hours:**

**Total:** \_\_\_\_\_

**Didactic and Skills Lab:** \_\_\_\_\_

**Hospital Clinical Training :** \_\_\_\_\_

**Field Internship:** \_\_\_\_\_

**4. Texts** \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

**COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES  
EMT-P TEACHING QUALIFICATIONS**

**Check One:**

- |   |   |
|---|---|
| <input type="checkbox"/> Program Director     | <input type="checkbox"/> Field Preceptor    |
| <input type="checkbox"/> Principal Instructor | <input type="checkbox"/> Teaching Assistant |
| <input type="checkbox"/> Clinical Preceptor   |   |

1. Name: \_\_\_\_\_

2. Occupation: \_\_\_\_\_

3. Professional or Academic Degrees Held: \_\_\_\_\_ 4. Professional License/Cert  
Number(s): \_\_\_\_\_

a. \_\_\_\_\_

a. \_\_\_\_\_

b. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

c. \_\_\_\_\_

5. California Teaching Credentials Held:

a. Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

b. Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

6. Emergency Care-Related Education within the last 5 years:

<u>Course Title</u>	<u>School</u>	<u>Course Length</u>	<u>Date Completed</u>
a.			
b.			
c.			

7. Emergency Care-Related Experience within the last 5 years:

<u>Position</u>	<u>Duties</u>	<u>Organization</u>	<u>Dates</u>
a.			
b.			
c.			

Approvals:

\_\_\_\_\_  
Medical Director\_\_\_\_\_  
Course Director\_\_\_\_\_  
Date